
	<p>Department of Consumer Affairs 2030 West Winton Ave, Hayward CA 94545 (510) 786-7554</p> <p>COMPLAINT FORM Please use a separate form for each complaint.</p>	
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PERSON FILING COMPLAINT (COMPLAINANT)	COMPLAINT FILED AGAINST (RESPONDENT): LICENSE/REG/NO
Address (Number) (Street)	Address (Number) (Street)
(City) (State) (Zip)	(City) (State) (Zip)
Phone where you can be reached (8am - 5pm)	Phone where you can be reached (8am - 5pm)
Do you want to remain anonymous? <input type="checkbox"/> yes <input type="checkbox"/> no	Do you want to remain anonymous? <input type="checkbox"/> yes <input type="checkbox"/> no

Please Specify the Type of Complaint

- | | | |
|--|--|--|
| <input type="checkbox"/> AUTOMOTIVE REPAIR | <input type="checkbox"/> BURLGAR ALARM COMPANY | <input type="checkbox"/> CEMETERY |
| <input type="checkbox"/> ELECTRONIC AND/OR APPLIANCE REPAIR | <input type="checkbox"/> FIREARMS/BATON TRAINING FACILITY/INSTRUCTOR | <input type="checkbox"/> FUNERAL |
| <input type="checkbox"/> HOME FURNISHINGS OR THEMAL INSULATION | <input type="checkbox"/> LOCKSMITH <input type="checkbox"/> PRIVATE INVESTIGATOR | <input type="checkbox"/> PRIVATGE SECURITY |
| <input type="checkbox"/> REPOSSESSION AGENCY | <input type="checkbox"/> SECURITY GURAD/FIREARM | <input type="checkbox"/> SMOG CHECK |

☐ OTHER _____

PRODUCT/MODEL/YEAR OF VEHICLE/ITEM OF CONCERN	DATE OF REPAIR/SERVICE
BRIEFLY DESCRIBE YOUR COMPLAINT (BE SPECIFIC -- WHO, WHAT, WHEN, WHERE, HOW) (USE ADDITIONAL PAPER IF NEEDED)	
WHAT DO YOU WANT THE PERSON OR COMPANY TO DO, TO SATISFY YOUR COMPLAINT?	

Read the following before signing below

PLEASE ATTACH TO THIS FORM COPIES OF ANY PAPERS INVOLVED (CONTRACTS, BILLS RECEIVED, CORRESPONDENCE, INVOICES, ESTIMATES, ETC). PAPERWORK RECEIVED WILL NOT BE COPIED AND/OR RETURNED.

I HEREBY CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT TO THE BEST OF MY KNOWLEDGE ALL OF THE ABOVE STATEMENTS ARE CORRECT.

SIGNATURE _____ DATE _____